## Wyoming Colorectal Cancer Screening Program (WCCSP) Screen/Re-screen < 10 Years Checklist

This checklist is to be used by the WCCSP to determine what clinical guideline criteria has been met in order for a person to receive a screening or re-screening colonoscopy through this program more frequently than once every ten years. *Please check appropriate box(s) and follow-up schedule.* 

Client Name: ID #:
Personal or Family History of Cancer or Pre-cancer:
Hx colon CA (indicate follow-up schedule below)
(a) Had colon resection, recommended repeat in 1 year
If negative, recommend repeat in 3 years
If still negative, then recommend repeat every 5 years
(b) No colon resection, recommend repeat every 5 years
Hx of hyperplastic polyps (not Hyperplastic Polyposis Syndrome)
• Recommend routine F/U (every 10 years)
Hx of 1-2 small (< 10 mm) adenomatous polyps with no high grade dysplasia
Recommend repeat every 5-10 years
Hx of 3-10 adenomas, or any adenoma $\geq$ 10 mm, or any adenoma with villous features or hig
grade dysplasia
Recommend repeat every 3 years
Hx of more than 10 adenomas
<ul> <li>Recommend repeat every 3 years</li> </ul>
Hx of adenomatous polyp removed piecemeal or with possible residual tissue
Recommend repeat 2-6 months
FHx colon CA or adenomatous polyps in first degree relative <i>under</i> age 60
<ul> <li>Recommend starting screening at age 40 or 10 years younger than when relative</li> </ul>
developed cancer, which ever is earlier
• Recommend repeat every 5 years
FHx colon CA or adenomatous polyps in two or more first degree relatives, any age
<ul> <li>Recommend starting screening at age 40 or 10 years younger than when relative</li> </ul>
developed cancer, which ever is earlier
Recommend repeat every 5 years
FHx colon CA or adenomatous polyps in first degree relative <i>over</i> age 60
<ul> <li>Recommend starting screening at age 40 and repeat every 10 years</li> </ul>
FHx colon CA or adenomatous polyps in two or more second degree relatives, any age
<ul> <li>Recommend starting at age 40 and repeat every 10 years</li> </ul>

Polyposis Syndromes: (initiate screening at age 20-25):
DX of HNPCC/Lynch Syndrome Amsterdam Criteria (3-2-1)
<ul> <li>Three relatives, on the same side of the family, with HNPCC related cancers (colorectal, endometrial, stomach, ovarian, pancreas, ureter/renal pelvis, biliary tract, and brain (usually glioblastoma as seen in Turcot syndrome) tumors, sebaceous gland adenomas and keratocanthomas in Muir-Torre syndrome, and carcinoma of the small bowel)</li> <li>Two of which were in different generations, i.e. cousin and uncle,</li> <li>At least one under the age of 50.</li> </ul>
<ul> <li> Dx of Hyperplastic Polyposis Syndrome</li> <li> (a) At least five hyperplastic polyps proximal to the sigmoid colon, of which two are greater than 1 cm in diameter</li> <li> (b) Any number of hyperplastic polyps occurring proximal to the sigmoid colon in an individual who has a first degree relative with hyperplastic polyposis</li> </ul>
(c) Greater than 30 hyperplastic polyps distributed throughout the colon
<ul> <li>Recommended Screening Guidelines:</li> <li>Every 1-3 years</li> <li>FHx of hyperplastic polyposis syndrome, starting at age 40 or 10 years younger than when relative developed diagnosed, which ever is earlier.</li> <li>Screen every 3 years if polyps</li> <li>Screen every 5 years if no polyps</li> </ul>
Familial Adenomatous Polyposis (FAP) and Attenuated (AFAP):
<ul> <li> Dx of FAP (More than 100 adenomatous polyps)</li> <li> Dx of Attenuated FAP (Numerous polyps but fewer than 100)</li> <li> Recommended Screening Guidelines:</li> <li>Annual flexible sigmoidoscopy at age 12 until polyps seen (this program can not provide sigmoidoscopies or colonoscopies for any individuals under age 18)</li> <li>Once polyps detected, annual colonoscopy or flex sig annually following sub-total colectomy</li> </ul>
Inflammatory Bowel Disease
<ul> <li>Hx of Ulcerative Colitis</li> <li>Hx of Crohn's disease</li> <li>Recommended Screening Guidelines:         <ul> <li>Initiate screening 8 years after onset of symptoms</li> <li>Screen every 2 years if no dysplasia</li> <li>If dysplasia, re-screen on a case-by-case basis</li> </ul> </li> </ul>
or WCCSP Office Use Only: Review Date: Request Approved Request Denied
Reason(s) for Denial:
VCCSP Reviewer's Signature:

Reviewing Physician's Signature (All Denials): \_